

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-035062

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. **38** Primary Registration District No. **3006** Registrar's No. **633**

FILED SEP 19 1963

VS 300
Rev. 4/59

1 **0109**

2 **0109**

3

4 **0**

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7 **0**

8 **1**

9 **773.5**

10

11

12 **1-0**

13 **2-0**

DATE AMENDED

INSTEAD OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Boone	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia		c. CITY OR TOWN Columbia	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Boone County Hospital		d. STREET ADDRESS (If outside, give location) 701 C. Univ. Ter.	
3. NAME OF DECEASED (Type or print) First Steven Middle A Last Danforth		4. DATE OF DEATH Month 9 Day 13 Year 63	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-12-63
10a. USUAL OCCUPATION (Give kind of work, done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) Columbia, Mo.		12. CITIZEN OF WHAT COUNTRY United States	
13a. FATHER'S NAME Walter James Danforth		13b. MOTHER'S MAIDEN NAME Sylvia Lou Kennedy	
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates)		17. INFORMANT Address W.J. Danforth Columbia, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Nyctine Membrane Disease DUE TO (b) Prematurity 28 weeks. DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Congenital Atresia of Aortic Valve; Hypoplasia Aorta PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20c. TIME OF INJURY Hour 3:30 a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 12 September 1963 to 13 Sept. 1963 and last saw her alive on 13 September 1963 Death occurred at 3:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Charles Schenker MD (Degree & title)		22b. ADDRESS Columbia, Missouri	
22c. DATE SIGNED 17 Sept. '63			
23a. CREMATORY (Specify)		23b. DATE 9-17-63	
23c. NAME OF CEMETERY OR CREMATORY Boone County Hosp.		23d. LOCATION (City, town, or county) Columbia, Mo.	
24. FUNERAL DIRECTOR Richard E. Johnson, MLE		25. DATE RECD. BY LOCAL REG. Mo. Sept. 17, 1963	
26. REGISTRAR'S SIGNATURE Mrs. R.E. Palmer			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.